

**New Mexico**

**New Mexico Environment Department (NMED)**

**Re: 7520 Reports for the Fourth Quarter of FY2014**

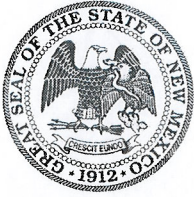
**4<sup>th</sup> Quarter Period: (October 1, 2013 --- September 30, 2014)**

**Date: (Tuesday) October 21, 2014**

**Time: 2:08pm**

**Reference File**

**Code: WA-UI-PP**



SUSANA MARTINEZ  
Governor

JOHN A. SANCHEZ  
Lieutenant Governor

NEW MEXICO  
ENVIRONMENT DEPARTMENT

Harold Runnels Building  
1190 St. Francis Drive

PO Box 5469, Santa Fe, NM 87502-5469  
Phone (505) 827-2900 Fax (505) 827-2965  
[www.nmenv.state.nm.us](http://www.nmenv.state.nm.us)



RYAN FLYNN  
Secretary

BUTCH TONGATE  
Deputy Secretary

October 21, 2014

EPA Region 6  
6WQ-SG  
1445 Ross Avenue, Suite 1200  
Dallas, Texas 75202-2733  
ATTN: Mr. Omar Martinez

**RE: 7520 Report Forms**

Dear Mr. Martinez:

Enclosed are the 7520 forms for the reporting period October 1, 2013 – September 30, 2014, as required by the New Mexico Environment Department (NMED) annual UIC work plan.

If you have any questions or concerns regarding this submittal please call me at (505) 827-1049.

Sincerely,

John S. Hall  
UIC Coordinator

Enclosures: EPA forms 7520-1, 7520-2A, 7520-2B, 7520-3, 7520-4


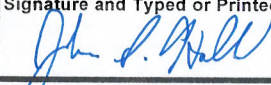
cc: Daniel Sanchez, Program Manager, Energy Minerals Natural Resources Department--Oil Conservation Division (electronic copy)

**Reference File  
Code: WA-UI-PP**


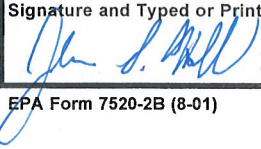
RECEIVED  
SOURCE WATER  
PROTECTION BRANCH  
14 OCT 27 PM 3:04  
6WQ-S

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460  <b>UIC Federal Reporting System</b> <b>Part I: Permit Review and Issuance/</b> <b>Wells in Area of Review</b> (This information is solicited under the authority of the Safe Drinking Water Act)					<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469				
<b>II. Date Prepared (month, day, year)</b> 10/21/2014		<b>III. State Contact (name, telephone no.)</b> John Hall (505)827-1049		<b>IV. Reporting Period (month, year)</b> From <b>October 1, 20</b> <sup>13</sup> To <b>09/30/2014</b>					
					<b>Class and Type of Injection Wells</b>				
					I	II	III	IV	V
						SWD 2D	ER 2R	HC 2H	
<b>V. Permit Application</b>	<b>Number of Permit Applications Received</b>								14
<b>VI. Permit Determination</b>	<b>Permit Issued</b>	<b>A</b>	Number of Individual Permits Issued (One Well)	New Wells					4
			Existing Wells					2	
		<b>B</b>	Number of area Permits* Issued (Multiple Wells) (*See instructions on back)	New Well Field					9
			Existing Well Field					6	
		<b>C</b>	Number of Wells in Area Permits (See B above)	New Wells					59
				Existing Wells					75
	Permit Not Issued	<b>D</b>	Number of Permits Denied/Withdrawn (after complete technical review)						11
	Modification Issued	<b>E</b>	Number of Major Permit Modifications Approved						4
<b>VII. Permit File Review</b>	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed					
				Wells Deficient					
<b>VIII. Area of Review (AOR)</b>	Wells Reviewed	<b>A</b>	Number of Wells in Area of Review	Abandoned Wells					
	Other Wells								
	Wells Identified for C/A	<b>B</b>	Number of Wells Identified for Corrective Action	Abandoned Wells					
	Other Wells								
	Wells with C/A	<b>C</b>	1. Number of Wells in AOR with Casing Repaired/Recemented C/A 2. Number of Active Wells in AOR Plugged/Abandoned 3. Number of Abandoned Wells in AOR Replugged 4. Number of Wells in AOR with "Other" Corrective Action						
<b>IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.									
Signature and Typed or Printed Name and Title of Person Completing Form <b>JOHN HALL, UIC COORDINATOR</b>							Date 10/21/2014	Telephone No. (505) 827-1049	



 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469							
<b>II. Date Prepared (month, day, year)</b> 10/21/2014		<b>III. State Contact (name, telephone no.)</b> John Hall (505) 827-1049		<b>IV. Reporting Period (month, year)</b> From <b>October 1, 2013</b> To <b>09/30/2014</b>							
Item				Class and Type of Injection Wells							
				I	II SWD 2D	ER 2R	HC 2H	III	IV	V	
V.  Summary of Violations	Total Wells	A	Number of Wells with Violations								4
	Total Violations	B	1. Number of Unauthorized Injection Violations								1
			2. Number of Mechanical Integrity Violations								
			3. Number of Operation and Maintenance Violations								
			4. Number of Plugging and Abandonment Violations								
			5. Number of Monitoring and Reporting Violations								
			6. Number of Other Violations (Specify)								
VI.  Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions								4
	Total Enforcement Actions	B	1. Number of Notices of Violation								1
			2. Number of Consent Agreements								
			3. Number of Administrative Orders								
			4. Number of Civil Referrals								
			5. Number of Criminal Referrals								
			6. Number of Well Shut-ins								
			7. Number of Pipeline Severances								
			8. Number of Other Enforcement Actions (Specify)								
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter								0
			B. This Year								
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW										
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days										
<b>X. Remarks/Ad Hoc Report (Attach additional sheets)</b>											
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
<b>Signature and Typed or Printed Name and Title of Person Completing Form</b>  <b>JOHN S. HALL UIC COORDINATOR</b>									<b>Date</b> 10/21/2014		<b>Telephone No.</b> (505) 827-1049



 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b> <b>Significant Noncompliance</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469							
<b>II. Date Prepared (month, day, year)</b>  10/21/2014		<b>III. State Contact (name, telephone no.)</b>  John Hall (505) 827-1049		<b>IV. Reporting Period (month, year)</b> From <b>October 1, 20</b> 13 To <b>09/30/2014</b>							
Item				Class and Type of Injection Wells							
				I	SWD 2D	II ER 2R	HC 2H	III	IV	V	
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations								4
	Total Violations	B	1. Number of Unauthorized Injection SNC Violations								1
			2. Number of Mechanical Integrity SNC Violations								
			3. Number of Injection Pressure SNC Violations								
			4. Number of Plugging and Abandonment SNC Violations								
			5. Number of SNC Violations of Formal Orders								
			6. Number of Falsification SNC Violations								
			7. Number of Other SNC Violations (Specify)								
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC								4
	Total Enforcement Actions	B	1. Number of Notices of Violation								1
			2. Number of Consent Agreements/Orders								
			3. Number of Administrative Orders								
			4. Number of Civil Referrals								
			5. Number of Criminal Referrals								
			6. Number of Well Shut-ins								
			7. Number of Pipeline Severances								
			8. Number of Other Enforcement Actions Against SNC Violations (Specify)								
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance		A. This Quarter								0
			B. This Year								
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW										
IX. Well Closure	Class IV/Endangering Class V Well Closures		Involuntary Well Closure							0	
			Voluntary Well Closure							0	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
<b>Signature and Typed or Printed Name and Title of Person Completing Form</b>   <b>JOHN S. HALL, VIC COORDINATOR</b>									<b>Date</b> 10/21/2014		<b>Telephone No.</b> (505) 827-1049



<p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part III: Inspections</b> <b>Mechanical Integrity Testing</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<p><b>I. Name and Address of Reporting Agency</b></p> <p>United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469</p>							
<p><b>II. Date Prepared (month, day, year)</b></p> <p>10/21/2014</p>		<p><b>III. State Contact (name, telephone no.)</b></p> <p>John Hall (505) 827-1049</p>		<p><b>IV. Reporting Period (month, year)</b></p> <p>From <b>October 1, 20</b> <sup>13</sup> To <b>09/30/2014</b></p>							
<p><b>Item</b></p>				<p><b>Class and Type of Injection Wells</b></p>							
				I	II SWD 2D	ER 2R	HC 2H	III	IV	V	
<p><b>V.</b> <b>Summary of Inspections</b></p>	Total Wells	A	Number of Wells Inspected							238	
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed								
			2. Number of Emergency Response or Complaint Response Inspections								
			3. Number of Well Constructions Witnessed								
			4. Number of Well Pluggings Witnessed								
			5. Number of Routine/Periodic Inspections							61	
<p><b>VI.</b> <b>Summary of Mechanical Integrity (MI)</b></p>	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)								
	For Significant Leak	B	No. of Rule-Authorized Wells Tested/Evaluated for MI		Passed 2-part test						
			Failed 2-part test								
		C	1. Number of Annulus Pressure Monitoring Record Evaluations	Well Passed							
				Well Failed							
			2. No. of Casing/Tubing Pressure Tests	Well Passed							
				Well Failed							
	3. Number of Monitoring Record Evaluations	Well Passed									
		Well Failed									
	D	4. No. of Other Significant Leak Tests/Evaluations (Specify)	Well Passed								
			Well Failed								
		1. Number of Cement Record Evaluations	Well Passed								
			Well Failed								
	2. Number of Temperature/Noise Log Tests	Well Passed									
		Well Failed									
	3. No. of Radioactive Tracer/Cement Bond Tests	Well Passed									
Well Failed											
4. No. of Other Fluid Migration Tests/Evaluations (Specify)	Well Passed										
	Well Failed										
<p><b>VII.</b> <b>Summary of Remedial Action</b></p>	Total Wells	A	Number of Wells with Remedial Action								
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions								
			2. Number of Tubing/Packer Remedial Actions								
			3. Number of Plugging/Abandonment Remedial Actions								
			4. Number of Other Remedial Actions (Specify)								

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

## Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

*John S. Hall* JOHN S. HALL VIC COORDINATOR

Date

10/21/2014

Telephone No.

(505) 827-1049





United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System**  
**Part IV: Quarterly Exceptions List**

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042  
Approval expires 4/30/07

**I. Reporting Period**

From  
10/01/2013

To  
09/30/2014

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations							VI. Summary of Enforcement							VII. Date Compliance Achieved		
			Date of Violation	Mark ('X') Violation Type						Date of Enforcement	Mark ('X') Enforcement Type								
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	
V	Kirtland Mobile Home Park	DP-66	05/29/2012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	05/29/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V	Dora Consolidated Schools	DP-1521	01/24/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		01/24/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Certification**

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

John S. Hall, UIC Coordinator

Date

10/21/2014

Telephone No.

(505) 827-1049